Item 9 FilmG137 12/21/51 whw

MARYLAND STATE DEPARTMENT OF HEALTH 11336

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Easton, Talbot CO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
LENGTH OF STAY (in this place): 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland. COUNTY: Talbot.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton Md.
STREET ADDRESS (If rural, give location): RFB #4 - Bx-109.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Samuel Bailey
4. DATE OF DEATH (Month) (Day) (Year): Nov 29 1951

5. SEX: Male.
6. COLOR OR RACE: Black.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: Unknown
9. AGE last birthday: 67 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Bailey
14. MOTHER'S MAIDEN NAME: Mary Ellen Dickerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT: Ardella Williams (Williamsburg Md)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Vascular Accident	14 days
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Disease	Years
93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1951, to Nov. 28, 1951, that I last saw the deceased alive on Nov. 28, 1951, and that death occurred at 3:20 A.m., from the causes and on the date stated above.

SIGNATURE: Shepard Krech Jr (Degree or title): M.D. ADDRESS: Easton DATE SIGNED: 11/29/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 1 December 1951
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: 12/1/51
REGISTRAR'S SIGNATURE: N. H. Neerius
24. FUNERAL DIRECTOR: Lewis H. Boyneum ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC. 6. 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11337

CERTIFICATE OF DEATH

Reg. Dist. No. 791

M

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels; MARYLAND; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CLARA (Middle) B. (Last) CAULK

4. DATE OF DEATH: (Month) NOV (Day) 15 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 3. 1874

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): St. Michaels

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William F Morris

14. MOTHER'S MAIDEN NAME: Mary Jane Griffith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: James D. Caulk, St. Michaels Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma OF The Stomach	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Atheromatosis	3 yrs plus
	(c)	

151X 116

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Coronary Sclerosis

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While at Work ☐

HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from Oct 1, 19 51 to Nov. 15, 19 51, that I last saw the deceased alive on Nov. 14, 1951, and that death occurred at 8:00 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Philip D. Lewis M.D. St. Michaels, Md 11.15.51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Nov 17 1951

NAME OF CEMETERY OR CREMATORY: Oliver Cemetery

LOCATION (City, town, or county) (State): St. Michaels Md

DATE REC'D BY LOCAL REG.: Nov. 16, 51

REGISTRAR'S SIGNATURE: Mrs Robt L. Seth

24. FUNERAL DIRECTOR: Newnam & Harrison

ADDRESS: St. Michaels Md.

RECEIVED
NOV 13 1931
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 11338

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 2 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) Plum St.

3. NAME OF DECEASED (Type or Print) (First) Shirley (Middle) Lee (Last) Covey
4. DATE OF DEATH (Month) Nov. (Day) 10 (Year) 1951
5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Sept. 13, 1924
9. AGE last birthday 27 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Talbot County Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME William J. Price
14. MOTHER'S MAIDEN NAME Carrie Mullekin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Kenneth Covey, Easton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) GSW- head

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

976X

164c

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Suicide

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home
(CITY OR TOWN) Easton (COUNTY) Talbot (STATE) Md
TIME OF INJURY (Month) 11 (Day) 10 (Year) 51 (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE Newton Harrison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 12 Nov 51

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF Nov 12, 51 NAME OF CEMETERY OR CREMATORY Spring Hill LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 11/12/51 REGISTRAR'S SIGNATURE N. H. Norris 24. FUNERAL DIRECTOR [illegible] ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH 11339

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 42 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Anne
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Boy (Last) Davis
4. DATE OF DEATH (Month) Nov (Day) 26 (Year) 1951
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify)
8. DATE OF BIRTH Nov 24, 1951
9. AGE last birthday yrs. If under 1 year Months Days 1 If under 24 hrs. Hours Min. 42 hrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) E. Mem. Hosp Easton Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Della Davis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Della Davis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Prematurity (1# 8oz)	42 hrs
776X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
159	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-24, 1951, to 11-26, 1951, that I last saw the deceased alive on 11-26, 1951, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

SIGNATURE John E. Bayburtt (Degree or title) M.D. ADDRESS 214 Dover St Easton Md DATE SIGNED 11/28/51

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 11/27/51
NAME OF CEMETERY OR CREMATORY Memorial Hospital
LOCATION (City, town, or county) Easton (State) Md
DATE REC'D BY LOCAL REG. 11/27/51
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR Memorial Hospital ADDRESS Easton Md

20X 241 242 240

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 3 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11340

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) Entire Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS at Home

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) Glebe road

3. NAME OF DECEASED (Type or Print) (First) Susie (Middle) Ellen (Last) Gossage
4. DATE OF DEATH (Month) Nov (Day) 3 (Year) 1951

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Mar. 9, 1869
9. AGE last birthday 82 yrs. If under 1 year Months 7 Days 24 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Talbot Co
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME William Lewis
14. MOTHER'S MAIDEN NAME Susan Fairbanks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Percy Kenwall, Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic Heart Disease	10 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.0
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1946 to 11/3/, 1951 that I last saw the deceased alive on 5/1/, 1951, and that death occurred at 11 15/a m., from the causes and on the date stated above.

SIGNATURE B Cox (Degree or title) M-D. ADDRESS Easton Md DATE SIGNED 11/6/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov 5
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 11/4/51
REGISTRAR'S SIGNATURE N. H. Neeves
24. FUNERAL DIRECTOR M. E. Neeves & Son ADDRESS Easton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 1[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

~~FOR MEDICAL EXAMINERS~~

Reg. Dist. No. 991

1. PLACE OF DEATH: COUNTY TALBOT; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. MICHAELS; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY TALBOT; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. MICHAELS; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ELMER (Middle) M. (Last) HAMBLETON

4. DATE OF DEATH: (Month) Nov. (Day) 10, (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: Nov. 6, 1875

9. AGE last birthday: 76 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): JANITOR

10b. KIND OF BUSINESS OR INDUSTRY: HOUSEHOLD

11. BIRTHPLACE (State or foreign country): St. MICHAELS, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. Henry Hambleton

14. MOTHER'S MAIDEN NAME: Emily Leonard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 219-05-8053

17. INFORMANT: MRS. FRED SCHONE, 3821 FALLS Rd., BALTO. MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Sclerosis	Onset ~~[illegible]~~
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis (generalized)	several yrs
422.1 / 94a	(c) Malignant Hypertension, Cerebral Accident ?	Plus

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: General Senility

19a. DATE OF OPERATION: ////////

19b. MAJOR FINDINGS OF OPERATION: ////////

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: //////// (CITY OR TOWN): //////// (COUNTY): //////// (STATE): ////////

TIME OF INJURY (Month) (Day) (Year) (Hour): ////////// INJURY OCCURRED While at Work ☐ Not while at Work ☐: ////////// HOW DID INJURY OCCUR? //////////

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Ralph K. Lewis (Degree or title) M.D. ADDRESS: St. Michaels, Maryland DATE SIGNED: 11.10.51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: Nov. 12, 1951 | NAME OF CEMETERY OR CREMATORY: OLIVET CEMETERY | LOCATION (City, town, or county) (State): St. MICHAELS, Md.

DATE REC'D BY LOCAL REG.: Nov 12/51 | REGISTRAR'S SIGNATURE: Mrs Ralph K. Lewis | 24. FUNERAL DIRECTOR ADDRESS: NEWNAM & HARRISON, St. MICHAELS, Md.

770-VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Krech

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford — LENGTH OF STAY (in this place) About 40 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
HOSPITAL OR INSTITUTION OR STREET ADDRESS At Home	STREET ADDRESS (If rural, give location) Tilghman St.

3. NAME OF DECEASED (Type or Print)	(First) Benjamin	(Middle) Harrison	(Last) Horsey	4. DATE OF DEATH	(Month) 11 - (Day) 16 (Year) 1951
5. SEX Male	6. COLOR OR RACE ark	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 2-7-1889	9. AGE last birthday 62 yrs.	If under 1 year Months 9 Days 9 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Factory Work	11. BIRTHPLACE (State or foreign country) Fairmount, Somerset Co. Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Thomas Horsey		14. MOTHER'S MAIDEN NAME Laura Horsey			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No	16. SOCIAL SECURITY No. 213-01-5839	17. INFORMANT AND ADDRESS Mrs. Lora Horsey, Oxford, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Infarction	Instant.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	2-3 mos.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/15, 1951, to 11/16, 1951, that I last saw the deceased alive on 11/15, 1951, and that death occurred at 12 30/A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Shepard Krech Jr	M. D.	Easton	11/19/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-19-'51	Trappe Cemetery	Trappe, Talbot Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/19/51	N. H. Nerew	James B. Dashiell	Salisbury Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 26 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Trappe — LENGTH OF STAY (in this place): [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Trappe
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Etta F. Jenkins
4. DATE OF DEATH (Month) (Day) (Year): Nov. 16 1951
5. SEX: [illegible]
6. COLOR OR RACE: [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]
8. DATE OF BIRTH: [illegible]
9. AGE last birthday: 76 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]
10b. KIND OF BUSINESS OR INDUSTRY: [illegible]
11. BIRTHPLACE (State or foreign country): [illegible]
12. CITIZEN OF WHAT COUNTRY? [illegible]
13. FATHER'S NAME: [illegible]
14. MOTHER'S MAIDEN NAME: [illegible]
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): [illegible]
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
	Immediate cause	(a) Carcinoma of the Sigmoid	5 mo.
153 x	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis & Hypertension	6 yrs.
46 e		(c) Chronic Myocarditis	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1949 to Nov. 1, 1951, that I last saw the deceased alive on Nov. 16, 1951, and that death occurred at Trappe m., from the causes and on the date stated above.

SIGNATURE: William S. Seymour (Degree or title) MD. — ADDRESS: Trappe Md. — DATE SIGNED: 11/17/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Nov. 19, 1951 — NAME OF CEMETERY OR CREMATORY: Oxford — LOCATION (City, town, or county): Oxford (State): Md.

DATE REC'D BY LOCAL REG.: 11/19/51 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: [illegible] — ADDRESS: [illegible]

RECEIVED
NOV 26 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11344

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Skipton
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova R.F.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) SALLIE (Middle) HOPKINS (Last) JOHNSON
4. DATE OF DEATH (Month) Nov. (Day) 2 (Year) 1951
5. SEX Female
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH July 1, 1890
9. AGE last birthday 61 yrs. If under 1 year Months 5 Days 1 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper
10b. KIND OF BUSINESS OR INDUSTRY House work
11. BIRTHPLACE (State or foreign country) Cordova Talbot Co., Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Williams James Hopkins
14. MOTHER'S MAIDEN NAME Rebecah Cooper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Pete Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary artery disease	4 years
	(c) Hypertensive cardiovascular disease	Chronic

4/x 1 93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

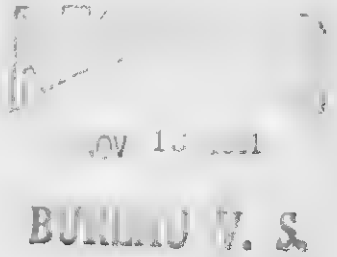
19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1943, to Nov. 2, 1951, that I last saw the deceased alive on Oct. 27, 1951, and that death occurred at 10 50 p.m., from the causes and on the date stated above.

SIGNATURE Louis Lederer (Degree or title) M.D. ADDRESS Queen Anne Md DATE SIGNED Nov. 5, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/5/51
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) (State) Easton, Talbot Co., Md.
DATE REC'D BY LOCAL REG. 11/3/51
REGISTRAR'S SIGNATURE N. H. Neerius
24. FUNERAL DIRECTOR Earl W. Stafford ADDRESS Easton Md


NOV 1
BUREAU U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: pl[redacted]rite the cau[redacted]f death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 14 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY 2 A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Boy (Last) Kelkowski

4. DATE OF DEATH (Month) Nov. (Day) 3 (Year) 1951

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Nov. 2, 1951
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 14 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Memorial Hosp Easton Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME ~~Alex~~ Anthony Kelkowski
14. MOTHER'S MAIDEN NAME Anna Ketchow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Anna ~~Ketchow~~ - Kelkowski

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Anoxia — 14 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity (bmo) 2½ # — 14 hrs

(c) Persistent cyanosis of head since birth - lungs clear, heart bound, normal - possible vascular anomaly.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 2, 1951, to Nov 3, 1951, that I last saw the deceased alive on Nov 3, 1951, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

SIGNATURE John E. Boyburtt (Degree or title) MD ADDRESS 214 Dover St Easton, Md DATE SIGNED 11/4/51

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 11/3/51
NAME OF CEMETERY OR CREMATORY Memorial Hospital
LOCATION (City, town, or county) (State) Easton, Maryland

DATE REC'D BY LOCAL REG. 11/3/51
REGISTRAR'S SIGNATURE N. H. Norris
24. FUNERAL DIRECTOR Memorial Hospital, ADDRESS Easton

NOV 13 1951

BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11346

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Goldsboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) SPENCER (Last) LAPHAM
4. DATE OF DEATH (Month) Nov (Day) 28 (Year) 1951

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH April 3d, 1869
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Fruit Broker
10b. KIND OF BUSINESS OR INDUSTRY Fruit Broker
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward W. Lapham
14. MOTHER'S MAIDEN NAME Elizabeth Fracy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Edward Lapham Marydell Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Rupture of Cardiac Compensation	10 days
421.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Aortic Stenosis	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. A.F. Arterial Sclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1941, 19....., to ....., 1951, that I last saw the deceased alive on 11/27 1951, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE R. F. Sieve (Degree or title) ADDRESS Goldsboro Md DATE SIGNED Dec 1

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 1
NAME OF CEMETERY OR CREMATORY Oddfellow
LOCATION (City, town, or county) Smyrna (State) Del

DATE REC'D BY LOCAL REG. 11/29/51
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR Raymond B Rawlings ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (In this place) 3hrs 5 min; HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton; STREET ADDRESS (If rural, give location) 717 E. Fair Street

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Girl (Last) Nichols

4. DATE OF DEATH: (Month) Nov (Day) 8 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): N.B.

8. DATE OF BIRTH: Nov 8, 1951

9. AGE last birthday: N.B. yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours 3; Min. 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Winfield Shelton Nichols

14. MOTHER'S MAIDEN NAME: Cora Ann Roe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Prematurity (24 week)	3 hr. 5 mi
761.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Extra-membranous pregnancy	65 da.
1602	(c) Ante-partum hemorrhage.	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 8, 1951, to Nov 8, 1951, that I last saw the deceased alive on Nov 8, 1951, and that death occurred at 10:55 p.m., from the causes and on the date stated above.

SIGNATURE: J. Tyler Baker (Degree or title) M.D. ADDRESS: Easton, Md. DATE SIGNED: 11-9-51

23. BURIAL, CREMATION, REMOVAL (Specify): Cemetery; DATE THEREOF: Nov. 9, 51; NAME OF CEMETERY OR CREMATORY: Memorial Hosp. Ed; LOCATION (City, town, or county) (State): Easton, Maryland

DATE REC'D BY LOCAL REG.: 11/9/51; REGISTRAR'S SIGNATURE: M. L. Nevins; 24. FUNERAL DIRECTOR: Memorial Hospital; ADDRESS: Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

9 1951

U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11348

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: East N. — LENGTH OF STAY (in this place): 2 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg RD
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Madeline (Middle) S. (Last) Robinson

4. DATE OF DEATH: (Month) Nov. (Day) 25 (Year) 1951

5. SEX: [illegible]

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Feb 28, 1908

9. AGE last birthday: 43 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Simpson

14. MOTHER'S MAIDEN NAME: Mary Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Veola Bruttons (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-23, 1951, to [illegible], 19[illegible], that I last saw the deceased alive on Nov 25, 1951, and that death occurred at 2.20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible]

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 11/29/51 — NAME OF CEMETERY OR CREMATORY: Federal Hill — LOCATION (City, town, or county) (State): Federalsburg Md

DATE REC'D BY LOCAL REG.: 11/26/51 — REGISTRAR'S SIGNATURE: N. H. Neerie — 24. FUNERAL DIRECTOR: J. J. Frampton Son Federalsburg Md — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

- Item 9 DepMedExam. 11-21-51 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Talbot County; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton; LENGTH OF STAY (In this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline Co; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton, Md; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Clinton; (Middle) ; (Last) Saulsbury

4. DATE OF DEATH: (Month) Nov; (Day) 4; (Year) 1951

5. SEX: M

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): D

8. DATE OF BIRTH:

9. AGE last birthday: 65 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Isom Saulsbury

14. MOTHER'S MAIDEN NAME: Ida Bostas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of): —

16. SOCIAL SECURITY NO.:

17. INFORMANT: Reynolds Bostas (Cousin) Denton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Shock - prolonged exposure

933.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

410 (c) (No other information - Dr. Welty, 11-20-51 ams)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Louis Welty MD DMR

ADDRESS: Easton Md

DATE SIGNED: 11-8-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Nov. 6, 1951

NAME OF CEMETERY OR CREMATORY: Springview

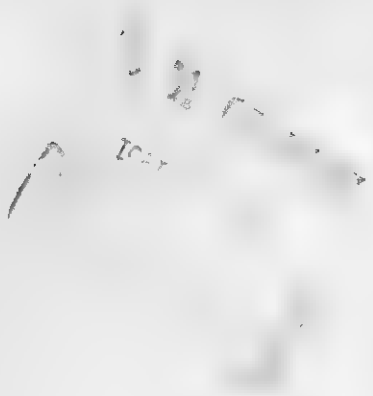
LOCATION (City, town, or county) (State): Denton Md.

DATE REC'D BY LOCAL REG.: 11/5/51

REGISTRAR'S SIGNATURE: Nora Merrick

24. FUNERAL DIRECTOR: J. Virgil Moore

ADDRESS: Denton, Md.



11350

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. MICHAELS
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. MICHAELS
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) W. (Last) SEYMOUR

4. DATE OF DEATH (Month) NOV (Day) 9 (Year) 1951

5. SEX MALE | 6. COLOR OR RACE WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED | 8. DATE OF BIRTH Dec 28 1873 | 9. AGE last birthday 77 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OYSTERMAN | 10b. KIND OF BUSINESS OR INDUSTRY SEAFOOD | 11. BIRTHPLACE (State or foreign country) St MICHAELS Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME DANIEL L. SEYMOUR | 14. MOTHER'S MAIDEN NAME MARY E VINCENT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT AND ADDRESS MRS. CHARLES W. SEYMOUR St. MICHAELS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) diabetes mellitus — Interval between onset and death: many years

26-X 61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Excess of carbohydrates

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 30, 1951, to Nov 9, 1951, that I last saw the deceased alive on Nov 9, 1951, and that death occurred at 8.30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) S. Denney Wilson | ADDRESS St. Michaels Md | DATE SIGNED Nov 10 '51

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE THEREOF Nov 12 1951 | NAME OF CEMETERY OR CREMATORY Wilvet Cemetery | LOCATION (City, town, or county) St. MICHAELS (State) Md.

DATE REC'D BY LOCAL REG. Nov 12/51 | REGISTRAR'S SIGNATURE Mrs Robt. L. Seek | 24. FUNERAL DIRECTOR Newnam & Harrison | ADDRESS St. Michaels Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 6 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston
STREET ADDRESS (If rural, give location) Route #2

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) (Last) Smithard

4. DATE OF DEATH (Month) Nov (Day) 27 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH May 9, 1877
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Watchman
11. BIRTHPLACE (State or foreign country) England
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Mr Joseph Smithard Sr.
14. MOTHER'S MAIDEN NAME Elizabeth Isaac

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. ~~Unknown~~ 142-01-6980
17. INFORMANT Mrs Edith Scott (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) arterio sclerosis — INTERVAL BETWEEN ONSET AND DEATH 5 years

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Right sided hemiplegia — Jan. 1950

83d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Endarteritis with gangrene Right first toe. — 7 days.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 9, 1951, to Nov. 27, 1951, that I last saw the deceased alive on Nov 26, 1951, and that death occurred at 6:50 p.m., from the causes and on the date stated above.

SIGNATURE J. Paul Motts (Degree or title) M D ADDRESS Denton Md DATE SIGNED Nov. 28-1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/1/41
NAME OF CEMETERY OR CREMATORY Greenwood
LOCATION (City, town, or county) Trenton (State) N.J.

DATE REC'D BY LOCAL REG. 11/28/51
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR J. J. Frampton Son, Federal Berry ADDRESS md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11352

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) Gaelsboro.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Norman (Last) Taylor
4. DATE OF DEATH (Month) Nov. (Day) 1 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Nov. 13, 1889
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Delivery man
10b. KIND OF BUSINESS OR INDUSTRY Retail Grocery Store
11. BIRTHPLACE (State or foreign country) Talbot County, Md.
12. CITIZEN OF WHAT COUNTRY? N.R.
13. FATHER'S NAME Harry D. Taylor
14. MOTHER'S MAIDEN NAME Ida Dean
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 217-05-1142
17. INFORMANT AND ADDRESS Mrs Marie T. Clague

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction — Interval Between Onset and Death: Instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — Years

1120.0 93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951, to Sept, 1951, that I last saw the deceased alive on Sept 1, 1951, and that death occurred at 10 40/P m., from the causes and on the date stated above.

SIGNATURE Stephen Kuch Jr (Degree or title) M.D. ADDRESS Easton DATE SIGNED 11/5/51

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF Nov 5, 1951 NAME OF CEMETERY OR CREMATORY Spring Hill LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 11/2/51 REGISTRAR'S SIGNATURE N. H. Neeres 24. FUNERAL DIRECTOR [illegible] ADDRESS Easton Md

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11353

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Royal Oak
LENGTH OF STAY (In this place): 23 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: (Home)

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Royal Oak
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Elvira (Middle) Ethelinda (Last) Thomas

4. DATE OF DEATH: (Month) Nov. (Day) 15 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 3, 1880

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days 13 — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Ferry Neck Bellevue Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Thomas

14. MOTHER'S MAIDEN NAME: Lucy Margaret Newnam

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Alice Moore, Easton, Md-RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Lobar Pneumonia	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Hypertension Cardiovascular Renal	4 yrs
	(c)	Arteriosclerosis	4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 6, 1950, to 11-15, 1951, that I last saw the deceased alive on 11-15, 1951, and that death occurred at 7:50 P.m., from the causes and on the date stated above.

SIGNATURE: Lt. Bruce (Degree or title): Lt M ADDRESS: Corbin Ala DATE SIGNED: 11-16-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Nov. 19-51 — NAME OF CEMETERY OR CREMATORY: St Pauls Cemetery — LOCATION (City, town, or county) (State): Royal Oak Md

DATE REC'D BY LOCAL REG.: 11/16/51 — REGISTRAR'S SIGNATURE: N. H. Reeves

24. FUNERAL DIRECTOR: John D. Williams — ADDRESS: Easton Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wittman
LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton (rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Izera (Middle) Henry (Last) Walley
4. DATE OF DEATH (Month) Nov. (Day) 27 (Year) 1951
5. SEX Male
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 6-16-1883
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY Laborer
11. BIRTHPLACE (State or foreign country) Talbot County
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Edward Newnam
14. MOTHER'S MAIDEN NAME Rosina Wally
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Lillian Hayman Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

94a (c)

INTERVAL BETWEEN ONSET AND DEATH: 5 min. / 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to Nov 27, 1951, that I last saw the deceased alive on Nov, 19.., and that death occurred at 6 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS [illegible] DATE SIGNED 11/27

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 30, 1951
NAME OF CEMETERY OR CREMATORY Trytown Cemetery
LOCATION (City, town, or county) Try Town (State) Md

DATE REC'D BY LOCAL REG. Nov. 29-51
REGISTRAR'S SIGNATURE G. C. Dexley Sewell
24. FUNERAL DIRECTOR M. E. Newnam & Son. ADDRESS Easton Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11355

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place) 10 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Aged Ladies Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ELLA (Middle) M (Last) WHITLEY
4. DATE OF DEATH (Month) Nov. 4 (Day) (Year) 1951
5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH AUG. 18, 1868
9. AGE last birthday 83 yrs. — If under 1 year: Months 2, Days 16 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY H.W.
11. BIRTHPLACE (State or foreign country) Caroline Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Seven P. Williams
14. MOTHER'S MAIDEN NAME Maggie Nichols
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Records of Aged Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Cardiac Renal Disease & Cardiac Failure — 3 wks

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hyperchromic Macrocytic Anemia — 6 mos.

1310 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 10, 1938, to Nov 4, 1951, that I last saw the deceased alive on 11/3, 1951, and that death occurred at 9:45 m., from the causes and on the date stated above.

SIGNATURE Lucy B. Plummer (Degree or title) M.D. — ADDRESS Preston Maryland — DATE SIGNED 11/6/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Nov. 6 — NAME OF CEMETERY OR CREMATORY Preston Church — LOCATION (City, town, or county) Preston (State) Md

DATE REC'D BY LOCAL REG. 11/6/51 — REGISTRAR'S SIGNATURE N. H. Norris — 24. FUNERAL DIRECTOR M E Neumann & Son — ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11356

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ingleside
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) R. (Last) Wilson
4. DATE OF DEATH (Month) Nov (Day) 15 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH July 28, 1868
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President of Centreville
10b. KIND OF BUSINESS OR INDUSTRY Banker
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Mr Benjamin Wilson
14. MOTHER'S MAIDEN NAME Martha Hewitt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. ~~Unknown~~
17. INFORMANT Mr Harry N. Wilson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac arrest	Sudden
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary arteriosclerosis - Right bundle branch block	(?)
118	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pyloric obstruction due to chronic duodenal ulcer (?)

19a. DATE OF OPERATION 15 Nov 51
19b. MAJOR FINDINGS OF OPERATION Pyloric obstruction - due to chronic duodenal ulcer
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-5, 1951, to 15 Nov, 1951, that I last saw the deceased alive on 15 Nov, 1951, and that death occurred at 9 50 A.m., from the causes and on the date stated above.

SIGNATURE Thurston Hamilton (Degree or title) M.D. ADDRESS Cartan Maryland DATE SIGNED 19 Nov 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 18-51
NAME OF CEMETERY OR ~~CREMATORY~~ Sudlersville
LOCATION (City, town, or county) Sudlersville (State) Maryland
DATE REC'D BY LOCAL REG. 11/16/51
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR Barton Bros ADDRESS Centreville Md

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